

# **EXHIBIT 12**

# **PATIENT 10**

## EXHIBIT 12 Page 1 of 6

Facility #: —

Ashlon Place Health and Rehab, LLC

Facility Code: 33

Date: Sep 8, 2020

Order Recap Report

User: Karessa Gritton

Time: 13:30:30 CT

Resident: [REDACTED] Order Date: 02/24/2020 - 02/24/2020

Resident: [REDACTED]

Location: [REDACTED]

Admission: [REDACTED]

Client Id Number: [REDACTED]

Gender: [REDACTED]

Date of Birth: [REDACTED]

Physician:

Le, Thanh Tan

Pharmacy:

Premier Pharmacy

Allergies:

Ciprofloxacin, Hydrocodone, Iodine, Oxycodone, Penicillin, Tramadol, Bactrim, Macrobid

Diagnoses:

GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS(K21.9), NUTRITIONAL ANEMIA, UNSPECIFIED(D53.9), TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS(E11.9), ESSENTIAL (PRIMARY) HYPERTENSION(I10), MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES(E66.01), HYPOTHYROIDISM, UNSPECIFIED(E03.9), HYPOKALEMIA(E87.8), OTHER RECURRENT DEPRESSIVE DISORDERS(F33.8), ALLERGIC RHINITIS, UNSPECIFIED(J30.9), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), GASTROINTESTINAL HEMORRAGE, UNSPECIFIED(K92.2), PSORIASIS, UNSPECIFIED(L40.9), OTHER CHRONIC PAIN(G89.29), MYELODYSPLASTIC SYNDROME, UNSPECIFIED(D46.9), HEART FAILURE, UNSPECIFIED(I50.9), CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED(J44.9), MUSCLE WEAKNESS (GENERALIZED)(M62.81), UNSTEADINESS ON FEET(R26.81), RETENTION OF URINE, UNSPECIFIED(R33.9), OTHER INSOMNIA(G47.69), EDEMA, UNSPECIFIED(R60.9), SLEEP APNEA, UNSPECIFIED(G47.30), SCHIZOAFFECTIVE DISORDER, UNSPECIFIED(F25.9), OTHER SEASONAL ALLERGIC RHINITIS(J30.2), FOLATE DEFICIENCY ANEMIA, UNSPECIFIED(D52.9), CONSTIPATION, UNSPECIFIED(K59.00), EPISTAXIS(R04.0), OTHER MUSCLE SPASM(M62.838), URINARY TRACT INFECTION, SITE NOT SPECIFIED(N59.0), RHEUMATOID ARTHRITIS, UNSPECIFIED(M06.9), DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND(H04.129), PRESENCE OF INTRAOCULAR LENS(Z95.1), CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)(N18.3), PAIN, UNSPECIFIED(R52)

## Laboratory

Order  
SummaryCommunication  
MethodOrder  
StatusOrder  
DateStart  
DateEnd  
DateOrdered  
By

ua with cfs one time only for rule out up for 1 Day

Phone

Completed

02/24/2020

02/24/2020

02/25/2020

Carrwright,  
Candice

## Pharmacy

Order  
SummaryCommunication  
MethodOrder  
StatusOrder  
DateStart  
DateEnd  
DateOrdered  
By

Cranberry Capsule Gmc 500 mg by mouth one time a day for urinary tract health for 7 Days

Phone

Discontinued

02/24/2020

02/25/2020

02/28/2020

Carrwright,  
Candice

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Facility #: —

Ashton Place Health and Rehab, LLC

Facility Code: 33

Date: Sep 8, 2020

Order Recap Report

User: Karessa Gritton

Time: 13:30:30 CT

Resident: [REDACTED] Order Date: 02/24/2020 - 02/24/2020

Resident: [REDACTED] Location: [REDACTED] Admission: [REDACTED]

No. 1652  
I have approved these orders for [REDACTED] Total pages 2.

Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sep. 9. 2020 1:11PM

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Ashton Place Health and Rehab, LLC

Lab Results Report

Laboratory: 02/27/2020 02:44 Urinalysis, Complete  
 Referred By: CancerWorkg on 02/27/2020 08:00

Latest Version

Resident Information	Report Information	Clinic Information
Resident: [REDACTED]	Collection Date: 02/24/2020 19:45	Status: Completed
Admit Date: [REDACTED]	Received Date:	Flag: A
Admitting Provider:	Reported Date: 02/27/2020 07:40	Reporting Lab: Gamma HealthCare, Inc. - Lab
Attending Provider:	Out. Provider: Cortwright, Candice	Order #: S09118755
Copy to Unit:	Source Key: 80c8a3a2eb41e8d	Category: Chemistry, Microbiology, Un- known Category
Order Notes		
Refill for: [REDACTED] COLLECTED BY RMS 02/24. TAKING SILEN: 1717 West Main, Poplar Bluff, MO 63901 573-728-6000 CLIA #26D1041530 Laboratory Director: David L. Smalley, Ph.D., DIAG-R02.083, DIAG-R02.090		

Urinalysis, Complete

	Result	Unit	Ref. Range	Flag	Status
BROAD CAST					Final
FATTY CAST					Final
WAXY CAST					Final
UNCLASSIFIED CAST					Final
TRIPLE PHOSPHATE CRYSTAL					Final
CALCIUM OXALATE CRYSTAL					Final
COLOR	YELLOW		CLEAR/YELIST		Final
CLARITY	CLOUDY		RAW CLEAR	A	Final
pH	5.5		5.0-7.5		Final
SPECIFIC GRAVITY	1.025		1.003-1.033		Final
PROTEIN	2+	MG/DL	NEGATIVE	H	Final
GLUCOSE	>1000	MG/DL	NEGATIVE	A	Final
KETONE	NEGATIVE	MG/DL	NEGATIVE		Final
BLOOD	MODERAT	MG/DL	NEGATIVE	A	Final
BILIRUBIN	NEGATIVE	MG/DL	NEGATIVE		Final
UROBILINOGEN	0.2	MG/DL	<2.0		Final
NITRITE	POSITIVE		NEGATIVE	A	Final
LEUKOCYTE ESTERASE	MODERAT		NEGATIVE	A	Final
WHITE BLOOD CELL	100		0-4	A	Final
RED BLOOD CELL	0-15		0-4	A	Final
SQUAMOUS EPITHELIAL	NONE SEEN		0-4	A	Final
BACTERIA	NONE		NONE	A	Final
MUCOUS	NONE SEEN		NONE/SMALL	A	Final
BUDDING YEAST	NONE SEEN		NONE	A	Final
HYALINE CAST	NONE SEEN	/LPF	NONE	A	Final
AMORPHOUS CRYSTAL	NONE SEEN		NONE	A	Final

Sep. 9. 2020 2:13PM

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## EXHIBIT 12 Page 4 of 6 Ashton Place Health and Rehab, LLC

## Lab Results Report

Laboratory: 02/26/2020 09:30 Urinary Tract Infection ID by PCR / UTI Antibiotic Resistance by PCR  
 Reviewed By: Cancerwright on 02/28/2020 10:08

Latest Version

Resident Information	Record Information	Clinic Information
Resident: [REDACTED]	Collection Date: 02/24/2020 19:45	Status: Completed
Admit Date: [REDACTED]	Received Date:	Flag: Normal
Admitting Provider:	Reported Date: 02/26/2020 09:30	Reporting Lab: Gamma HealthCare, Inc. - Lab
Attending Provider:	Ord. Provider: Cancerwright, Candice	Order #: 809133187
Copy to List:	Source Key: 4a2c50a73c807c2f	Category: Unknown Category

Result from: [REDACTED] Testing Site: 1717 West Main, Poplar Bluff, MO 63901 573-727-5800 CLIA #26D1041510 Laboratory Director: David L. Smiley, Ph.D. This test protocol has been developed and its performance characteristics determined by Gamma HealthCare, Inc. The tests in this UTI panel have not been cleared or approved by the US Food and Drug Administration; however, the FDA has determined clearance or approvals are not necessary. The tests in this UTI panel are for clinical purposes and should not be viewed as investigational or for research purposes.

## UTI ID by PCR

ORGANISM DNA TESTED	RESULT	ABUNDANCE
Citrobacter freundii	Not Detected	-
Providencia stuartii	Not Detected	-
Citrobacter koseri	Not Detected	-
Escherichia coli	Detected	Medium (10,000 - 100,000 copies/mL)
Enterobacter faecalis	Not Detected	-
Staphylococcus aureus	Not Detected	-
Streptococcus agalactiae	Not Detected	-
Proteus mirabilis	Not Detected	-
Providencia stuartii	Not Detected	-
Morganella morganii	Not Detected	-
Klebsiella oxytoca	Not Detected	-
Enterobacter aerogenes	Not Detected	-
Pseudomonas aeruginosa	Not Detected	-
Proteus vulgaris	Not Detected	-
Klebsiella pneumoniae	Not Detected	-
Acinetobacter baumannii	Not Detected	-
Enterococcus faecium	Not Detected	-
Enterobacter cloacae	Not Detected	-
Candida albicans	Not Detected	-

Final

## UTI ABR by PCR

ABR GENES TESTED	RESULT	CLASS
sul1	Detected	Sulfonamide



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Ashton Place Health and Rehab, LLC

## Lab Results Report

Laboratory: 02/26/2020 09:30 Urinary Tract Infection ID by PCR / UTI Antibiotic Resistance by PCR  
 Reviewed By: Concar Wright on 02/26/2020 19:08



Latest Version

Order #: 906133107

Source Key: 4aac56e73c8b7c2f

	Result	Unit	Ref. Range	Flag	Status
blaOXA-130, blaOXA-160, blaOXA-207, blaOXA-24, blaOXA-25, blaOXA-26, blaOXA-437, blaOXA-72, blaSHV-413	Not Detected				
aac(6)-Ib-cr, fluoroquinolone	Not Detected				
ampicillinase (b-lactamase) type	Not Detected				
bla AAC(2)B w/ chromosomal					
int1(A)	Not Detected				
int1(M)	Not Detected				
blaIMP	Not Detected				
OXA-48	Not Detected				
qnrS (also qnrS1, qnrS10, qnrS11, qnrS12, qnrS13, qnrS14, qnrS4, qnrS7, qnrS8, qnrS9). The gene on plasmids is responsible for quinolone resistance	Detected				
BACT-M	Not Detected				
blaKPC	Not Detected				
blaVIM	Not Detected				
blaNDM	Not Detected				
Sulfonamide, df: AT, ASVZ	Not Detected				
Vancomycin	Not Detected				
ermA, B, C	Detected				Macrolides, Lincosamides, Streptogramins
metA, pncC	Not Detected				

## Legend:

-  Report contains critical results (results with red flag)  
 Report contains abnormal results (results with orange flag)  
 Performing Laboratory follows Joint Clinical Standards

Reviewed by Name

Reviewed by Signature

Date

Sep. 9. 2020 2:13PM

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Ashlon Place Health and Rehab, LLC

## Lab Results Report

Laboratory: 02/28/2020 12:04 Culture, Urine  
Reviewed By: ConcentraLight on 03/02/2020 11:13

Latest Version

Resident Information	Report Information	Clinic Information
Resident: [REDACTED]	Collection Date: 02/24/2020 19:47	Status: Completed
Admit Date: [REDACTED]	Received Date:	Flag: Normal
Admitting Provider:	Reported Date: 02/24/2020 12:04	Reporting Lab: Ganinta Health Care, Inc. - Lab
Attending Provider:	Ord. Provider: Gertrude, Candice	Order #: 508110758
Copy to Lab:	Source Key: 32364165d1bb142	Category: Microbiology
Order Notes		
Result for: [REDACTED] COLLECTED @ 1845 02/24, Urine Culture Spec: Clean Void - CV, Urine Culture Source: Clean Void - CV, Testing Site: 1717 West Maud, Poplar Bluff, MO 63901 573-727-5600 CLIA #28D1041510 Laboratory Director: David L. Smalley, Ph.D.		

## CULTURE, URINE

Result	Unit	Ref. Range	Flag	Status
				Final

Source: URINE, CLEAN VOIDED

10,000-100,000 COPIES/ML Escherichia coli

SUSCEPTIBILITY Interpretation MIC

AMPICILLIN RESISTANT &gt;=32

AMOXICILLIN SENSITIVE 4

AMPICILLIN/SULBACTAM SENSITIVE 4

CIPROFLOXACIN SENSITIVE 0.5

CEFTRIAXONE SENSITIVE &lt;=1

CEFAZOLIN SENSITIVE &lt;=4

EXTENDED SPECTRUM BETA LA NEGATIVE

ERTAPENEM SENSITIVE &lt;=0.5

CEFEPIME SENSITIVE &lt;=1

NITROFURANTOIN SENSITIVE &lt;=16

GENTAMICIN RESISTANT &gt;=16

IMIPENEM SENSITIVE &lt;=0.25

LEVOFLOXACIN SENSITIVE 1

TRIMETHOPRIM/SULFA RESISTANT &gt;=320

CEFTAZIDIME SENSITIVE &lt;=1

TOBRAMYCN INTERMEDIATE 8

PIPERACILLIN/TAZOBACTAM SENSITIVE &lt;=4

## Legend:

- ⊗ Result exceeds critical levels (consult with lab)
  - ⊕ Result requires prompt review (consult with lab)
- Following Laboratory Information Downloaded From

Reviewed by Maria

Reviewed by Signature

Date